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DATE: August 13, 2007

PTO IDENTIFIER: Application Number 10/000,461-Conf. #2303
Patent Number

Inventor: Peter WAKSMAN

MESSAGE TO: US Patent and Trademark Office/ MS AF

FAX NUMBER: (571) 273-8300

FROM: LAHIVE & COCKFIELD, LLP

John S. Curran/NID/cfo

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Attorney Dkt. #: OAQ-013RCE

PAGES (Including Cover Sheet): 18

CONTENTS: Transmittal (1 page)
Fee Transmittal (1 page in duplicate)
Amendment in Response to Final Office Action (12 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
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PTO/SB/97 (09-04)

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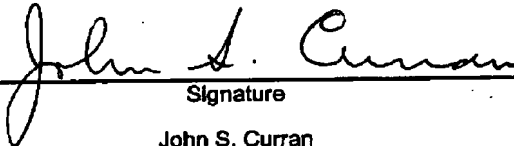
Application No. (if known): 10/000,461

Attorney Docket No.: OAQ-013RCE

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Transmittal (1 page)

Fee Transmittal (1 page in duplicate)

Amendment in Response to Final Office Action (12 pages)

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PTO/SB/21 (04-07)

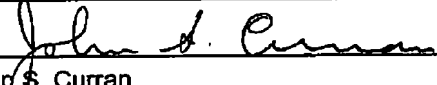
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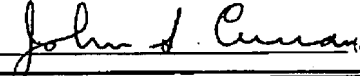
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TRANSMITTAL FORM	Application Number	10/000,461-Conf. #2303	
	Filing Date	November 30, 2001	
	First Named Inventor	Peter WAKSMAN	
	Art Unit	2625	
	Examiner Name	J. A. Thompson	
(to be used for all correspondence after initial filing)		Attorney Docket Number	OAQ-013RCE
Total Number of Pages In This Submission			

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	John S. Curran		
Date	August 13, 2007	Reg. No.	50,445

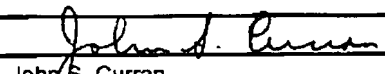
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Dated: August 13, 2007	Signature:  (John S. Curran)

AUG 13 2007

PTO/SB/17 (08-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete If Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 10/000,461-Conf. #2303	Filing Date November 30, 2001
TOTAL AMOUNT OF PAYMENT (\$) 120.00		First Named Inventor Peter WAKSMAN	Examiner Name J. A. Thompson
		Art Unit 2625	Attorney Docket No. OAQ-013RCE
METHOD OF PAYMENT (check all that apply)			
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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>			
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	
FEE CALCULATION			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			
	FILING FEES		SEARCH FEES
	EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500
Design	200	100	100
Plant	200	100	300
Reissue	300	150	500
Provisional	200	100	0
			Small Entity Fee (\$)
			Fees Paid (\$)
2. EXCESS CLAIM FEES			
Fee Description			Fee (\$)
Each claim over 20 (including Reissues)			50
Each independent claim over 3 (including Reissues)			200
Multiple dependent claims			360
Total Claims Extra Claims Fee (\$) Fee Paid (\$)			Multiple Dependent Claims
HP = highest number of total claims paid for, if greater than 20.			Fee (\$) Fee Paid (\$)
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.			
3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
- 100 = /50 = (round up to a whole number) x			Fee Paid (\$)
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			Fees Paid (\$)
Other (e.g., late filing surcharge): 1251 Extension for response within first month			120.00
SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	50,445
Name (Print/Type)	John S. Curran	Telephone	(617) 994-0854
		Date	August 13, 2007

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Dated: August 13, 2007

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